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MARGIN RESERVED FOR BINDING
N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Arizona State Board of Health
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH STATE FILE NO. _____

1. PLACE OF DEATH
 COUNTY Graham STATE ARIZONA REGISTERED NO. _____
 TOWNSHIP _____ OR VILLAGE _____
 CITY Pima NO. _____ ST. _____ WARD _____
(IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER)

LENGTH OF RESIDENCE IN CITY OR TOWN WHERE DEATH OCCURRED: YRS. _____ MOS. _____ DS. HOW LONG IN U. S. IF OF FOREIGN BIRTH? YRS. _____ MOS. _____ DS.
 2. FULL NAME ROGERS, Allen HOW LONG IN STATE WHEN DEATH OCCURRED? YRS. _____ MOS. _____ DS.
 (A) RESIDENCE: NO. _____ ST. _____ WARD _____ (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)
(USUAL PLACE OF ABODE)

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>M</u>	4. COLOR OR RACE <u>American</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED. (WRITE THE WORD) <u>Single</u>			21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>3-7-04</u> , 19__	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____					22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM _____, 19__, TO _____, 19__	
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)					I LAST SAW H. _____ ALIVE ON _____, 19__—DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT _____ M.	
7. AGE	YEARS	MONTHS	DAYS	IF LESS THAN 1 DAY, _____ HRS. OR _____ MIN.	THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: DATE OF ONSET	
	<u>2</u>	<u>6</u>			<u>Meningitis</u>	<u>2 ds.</u>
OCCUPATION	8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC.				OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:	
	9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC.					
	10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR)					
11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION						
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Arizona</u>					NAME OF OPERATION _____ DATE OF _____	
MOTHER	13. NAME				WHAT TEST CONFIRMED DIAGNOSIS? _____ WAS THERE AN AUTOPSY? _____	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY)				23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING: ACCIDENT, SUICIDE, OR HOMICIDE? _____ DATE OF INJURY _____, 19__	
	15. MAIDEN NAME				WHERE DID INJURY OCCUR? _____ (SPECIFY CITY OR TOWN, COUNTY AND STATE)	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY)				SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE _____		
17. INFORMANT (ADDRESS)					MANNER OF INJURY _____	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Pima</u> DATE _____, 19__					NATURE OF INJURY _____	
19. EMBALMER } LICENSE NO. _____ FUNERAL DIRECTOR } SIGNATURE _____ ADDRESS _____					24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? _____	
20. FILED _____, 19__ REGISTRAR _____					IF SO, SPECIFY (SIGNED) <u>R.R. Root</u> M. D. (ADDRESS) _____	